

Mailed 6/11/90  
IL-7446F  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joe W. Gray et al

Serial No:                      Group Art Unit:

Filed :                      Examiner:

For : Chromosome-Specific Staining to Detect  
Genetic Rearrangements

Receipt is hereby acknowledged of the following:  
Patent Application, Declaration and 12 sheets of  
drawings and Fee sheet.

Express Mail Certificate, Express Mail No: RB160339960

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07 537305

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PATENT

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In re application of: Joe W. Gray et al.

Serial No: 0 /

Group No.:

Filed:

Examiner:

For: Chromosome-Specific Staining  
to Detect Genetic Rearrangements

Commissioner of Patents and Trademarks

Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number RB16033960

Date of Deposit June 11, 1990

I hereby certify that the following *attached* paper or fee

Patent Application, Declaration and 12 sheets of drawings,  
and Fee Sheet.

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Michelle A. Blomquist

(Typed or printed name of person mailing paper or fee)

Michelle A. Blomquist

(Signature of person mailing paper or fee)

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(Express Mail Certificate [8-3])

DOE Case S- 71,867  
(Field No. RL-11,090)  
IL-7446F  
Express Mail:RB160339960

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): JOE W. GRAY/DANIEL PINKEL/DOUG TKACHUK

Title : CHROMOSOME-SPECIFIC STAINING TO DETECT GENETIC  
REARRANGEMENTS

Commissioner of Patents and Trademarks  
Washington, D. C. 20231

Sir:

Transmitted herewith is a patent application for the above-identified case along with the other items as checked below :

☒ 12 Twelve  
~~XXXXXX~~ Sheets of ☐ Formal ☒ Informal Drawings.

☐ Information Disclosure Statement Under 37 C.F.R. §§ 1.56 and 1.97.

☐ Preliminary Amendment. Please enter any changes before calculating filing fee.

☒ The filing fee is calculated below.

CLAIMS AS FILED					
Type Of Claim	Number Filed	Included In Basic Fee	Number Extra	Rate	Total Fee
Total Claims	<u>126</u>	- 20 =	<u>121</u>	X \$12 =	\$ <sup>12 75 00</sup> <del>1,452.00</del>
Independent Claims	<u>7</u>	- 3 =	<u>4</u>	X \$ <del>34</del> <sup>36</sup> =	\$ <u>144.00</u>
				Multiple Claims =	\$ <u>370.00</u>
				Basic Filing Fee =	\$ <del>340.00</del>
				TOTAL FILING FEE =	\$ <sup>1786 00</sup> <del>1,966.00</del>

[illegible]

Authorized Signature  
(For Deposit Account 01-2752)